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Author(s)	WONG, QS; Chan, CHY; Tam, MYJ
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Short Communication

Swinging in a Pendulum: Ambivalence among Women Experiencing IVF Treatment Failure

Wong QS¹, Chan CHY^{2*} and Tam MYJ³*Department of Social Work and Social Administration, University of Hong Kong, Hong Kong****Corresponding author**

Chan CHY, Department of Social Work and Social Administration, The Jockey Club Tower, Centennial Campus, University of Hong Kong, Hong Kong, China, Tel: 85239172089; Email: chancelia@hku.hk

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- Ambivalence
- Couple relationship

Abstract

With the advancement in technology, many couples with infertility choose *in vitro* Fertilization (IVF) treatment as a significant mean to achieve their dream of parenthood. However, with very low success rate, many of them face treatment failures and experience complicated emotions.

In our qualitative study, we have contacted women (N=16) who have experienced IVF treatment failure, and were considering to continue on next treatment in order to conceive. During the focus groups launched, they revealed many ambivalent thoughts throughout the whole treatment. They swung between making their decisions and stances on various aspects, with more salient themes in treatment goals, continuation of treatment, husband's involvement and disclosure issues. They tended to seek for intimacy of others by wishing to be cared and accompanied throughout the treatment, but at the same time kept distance by shouldering all the suffering without sharing. These thoughts will be discussed and analyzed under adult attachment theory.

ABBREVIATIONS

IVF: *in vitro* Fertilization; ART: Assisted Reproduction Technology

INTRODUCTION

IVF treatment is one of the most significant means of Assisted Reproduction Technology. It is a demanding, invasive and time-consuming process requiring women's active involvement in each treatment stage. When many women place extremely high expectation on the treatment outcome after spending tremendous financial, psychological and physical resources on it, it is conceivable that they could experience complicated emotions when they are told fail to conceive.

Common emotions experienced when experience IVF treatment failures include feelings of loss of hope, negative psychological responses such as anxiety and depression, and low self-esteem [1,2]. It happens like they have lost their last hope in bearing child, when they perceive IVF treatment as their last resort.

In view of the complexity in the treatment nature and women's psychosocial needs, it is worth exploring their struggles and ambivalent thoughts in making decisions in different aspects.

MATERIALS AND METHODS

Three focus groups were launched between February and April in 2015, in which 16 women who had experienced at least one IVF treatment failure participated. They were considering to continue their treatment.

The mean age of the women was 36.6 years old, and they had married for 4.93 ± 2.84 years in average. The mean of the IVF treatment failure they experienced is 2.5 times, and six out of sixteen had only one sub vented treatment cycle left.

During the three-hour focus groups, the women were facilitated to express and share their treatment experience, feelings, values and social life under some guiding questions. The content was later on analyzed into qualitative data for analysis.

RESULTS

In the sharing of the three focus groups, there are four salient themes identified, namely, treatment goals, continuation of treatment, husband's involvement and disclosure issues.

Women shared their ambivalent thoughts in their initial treatment goals, on whether they were to fulfill their family ideal or it was simply their own wish for parenthood. Some had

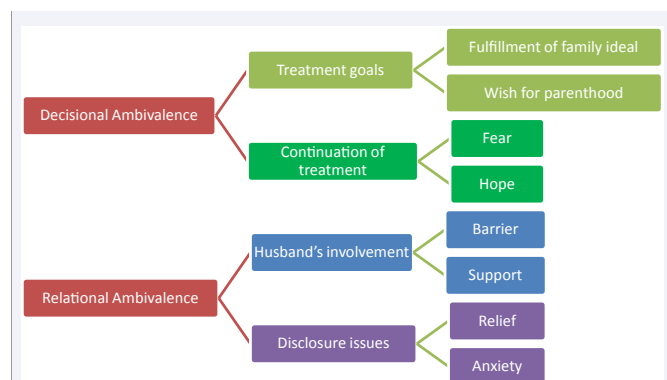


Figure 1 Salient themes revealed in focus group.

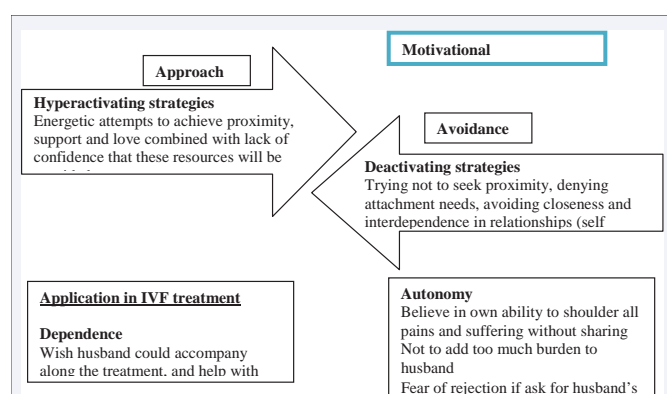


Figure 2 Relational Ambivalence – Motivational Ambivalence.

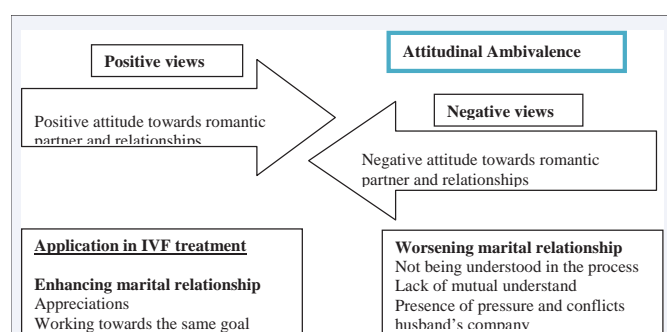


Figure 3 Relational Ambivalence – Attitudinal Ambivalence.

struggles and worries to get conceived even they were still trying hard in the treatments.

During the focus group, some women also revealed their indecisive thoughts on whether or not to continue their IVF treatment with both fear and hope. They were afraid of the side effects and sufferings, but they still endeavored and did not give up.

Apart from these decisional ambivalence, these women faced struggles in husband's involvement in the treatment. They were protective to their husband and regarded them as a barrier to inhibit them to smoothly carry out the treatment procedures, while at the same time felt contentment for their supports in involving in the treatment stages, such as accompanying them to the hospital.

Last but not least, some women had ambivalent thoughts in disclosure issues, in the extent of telling their family members and friends about their treatment. Some of them regarded disclosing their situation as a relief but an anxiety at the same time. They hoped to remove misunderstanding that outsiders have about them, such as their tight schedule in treatment and side effects on their increasing body weight. They at the same time did not want to disappoint others and tend to keep secrecy.

DISCUSSION

The negative models of self introduced by [3] attribute relational ambivalence to the fear of rejection or abandonment, which is due to personal vulnerabilities such as doubt about own value and lovability. Thus, in face of adversity, one could be ambivalent to seek for intimacy and at the same time strive to keep distance with the spouse, and maintain a relationship at almost any cost.

From the content revealed by the women, they were shifting in-between the two attachment styles of avoidance and anxiety [4]. They hoped to maintain autonomy by shouldering all pains and sufferings without sharing or adding burden to their husband. However, they at the same time sought dependence in hoping their husband to accompany them throughout the treatment, or even help with the treatment procedures. They were deploying both hyper activating and deactivating strategies. Thus, these women could hold both positive and negative views towards the people around at the same time [5].

CONCLUSION

Ambivalent thoughts were revealed among women throughout their course of IVF treatment in several salient themes and aspects. As modern women, they wished to shoulder all pain and suffering without adding pressure to their husband or people around. However, at the same time, they wished someone could care and understand them.

According to [6], ambivalent individuals are less likely to benefit from social supports, receive little sympathy and support from others, and are less satisfied with their marriage. Therefore, in understanding more about the women's complicated feelings, it sheds light on our development of psychosocial services in exploring their incongruence in vulnerabilities and on couple relationship.

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Quotation of the Qualitative Study

Treatment goals

'I know it is not easy to take care of children, as what I have observed in my job as a tutor. I am actually not very eager to have children, since it involves effort and large amount of money in raising up a child. Still, I will use up the remaining two frozen eggs.' (A lady aged 42, married for 8 years, experienced 5 failure and 1 miscarriage)

'The doctor told us that since my husband's sperm was unsatisfactory, we need to go through one more step which might add risk to result in abnormal baby. We did not consider much and feel okay with it, as long as we can successfully have a baby.' (A lady aged 37, married for 3 years, experienced 1 failure)

'I worry to have twin babies indeed, as I will need to spend double time and effort in taking care of them... I am getting old, twin babies are acceptable as long as I can get conceived... my husband really wish to have someone to take care of us when we get old, but at the same time, I am very worried about being tired of taking care of child as what I have experienced in taking care of my niece.' (A lady aged 39, married for 4 years and experienced 4 failures)

Continuation of IVF treatment

'I met a lady in the hospital, who had underwent IVF treatment when she was young, reminded me the high risk of cancer as the side effect... I was worried' (A lady aged 39, married for 8 years and experienced 1 failure)

'My husband blamed me for my infertility at the beginning of our marriage... I had once been admitted to A&E because of the side effect of the IVF treatment... He was moved by my endeavor and begged me to stop... I knew he still wished to have a child... The process was really tough and painful... I will keep trying' (A lady aged 32, married for 3 years, experienced 2 miscarriages and 1 failure)

'The treatment was really expensive... It worths it if I can buy a chance to be parents' (A lady aged 37, married for 3 years, experienced 1 failure)

Husband's involvement

'I inserted the drug to vagina for ovarian stimulation by myself. I think my husband can't do it well for me... It might indeed be easier if he can help' (A lady aged 37, married for 6 years and experienced 2 failures)

'I was collapsed when I found out that my pregnancy test failed. I did not dare to call my husband. I cried alone and realized that the treatment isn't that easy as what I have imagined.' (A lady aged 38, married for 1 year and experienced 2 failures)

'My husband did not know how to inject. It was really painful when he did it for me... (with smile) We both treat it like a game so that we would not be too stressed' (A lady aged 38, married for 4 years and experienced 2 failures)

'I sometimes shed tears at home when my husband went out for work, even when I was indeed watching funny TV programmes... I thought I was okay, and just did not know why I suddenly burst into tears' (A lady aged 37, married for 3 years, experienced 1 failure)

Disclosure issues

'When my friends encouraged us to have children as early as possible, I answered them that I don't like taking care of children... though believe I am a good mother and I am eager to be one indeed' (A lady aged 37, married for 3 years, experienced 1 failure)

'Only my mother knew about my IVF treatment, while my parents-in-law knew nothing about it... there would be not disappointment when there is no hope... I think no one could understand my pain' (A lady aged 38, married for 9 years and experienced 3 failures)

'I am grateful that my mother helped me with injection and did all the housework for me... Sometimes I hope no one knows it so that I won't disappoint anyone' (A lady aged 39, married for 8 years and experienced 1 failure)

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